AUG 14 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25453

1. PLACE OF DEATH

County Barton — Registration District No. 44 — File No.

Township Central — Primary Registration District No. 5066 — Registered No. 5

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Madison Decker Adams

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 28th 1876

7. AGE: YEARS 59 — MONTHS 7 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Place Ill

FATHER

13. NAME: Eli Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Jennie Coon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): James E. Adams Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: La Place, Ill DATE 7-31st 1936

19. UNDERTAKER (ADDRESS): River Funeral Home Lamar, Mo.

20. FILED 7-29- 1936 G. E. Locker, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1936, to July 28, 1936

I last saw him alive on July 28, 1936. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of bladder

51

Date of onset

Other contributory causes of importance: 0

Name of operation: Cystotomy — Date of ?

What test confirmed diagnosis? operation revealed tumor — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 — Date of injury 0, 1936

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. J. Eddleman, M. D.

(Address) Liberal, Mo.